ATTACHMENT A INVOICE FOR DAY REPORTING CENTER ENRICHMENT SERVICES

Probation Department 175 West Fifth Street San Bernardino, CA 92415 ATTN: Laura Gonzales AB 1913 Coordinator

DATE

GANG REDUCTION INTERVENTION TEAM 1568 Orange St. Redlands, CA 92415-0515

MONTH/YR		_ # OF CLASSES		X <u>\$200</u> =			
DATE		CLAS	S		HOURS	# ATTENDED	
	1.						
	2.						
	3.						
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	21.						
	22.						
	23.						
NAME			TITLE	PHONE			

SIGNATURE_____

ATTACHMENT A ATTACH SIGN-IN SHEETS FOR EACH CLASS